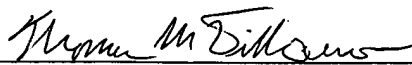


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> DEP 5169  <b>First Inventor</b> Missoum Moumene  <b>Title</b> Intervertebral Disc Having Articulation and Shock Absorption  <b>Express Mail Label No.</b> <b>54334</b> <small>333140001 US</small>
<b>APPLICATION ELEMENTS</b>  <small>See MPEP Chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (e.g., PTO/SB/17)</b> <small>(submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> <b>Specification [Total Pages 19]</b> <small>(Preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive Title of the Invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> <b>Drawing(s) (35 USC 113) [Total Sheets 5]</b> 5. <b>Oath or Declaration [Total Pages 3]</b> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>            Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> 6. <input type="checkbox"/> <b>Application Data Sheet. See 37 CFR 1.76</b>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. <input type="checkbox"/> Specification Sequence Listing on:             <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> <b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney  <small>(when there is an assignee)</small></li> <li>11. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <small>(Should be specifically itemized)</small></li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <small>(if foreign priority is claimed)</small></li> <li>16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</li> <li>17. <input checked="" type="checkbox"/> Other-Express Mail Certificate</li> </ul>
18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: _____, filed _____ Prior application information: Examiner _____ Group Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
19. <b>CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>000027777</b> or <input type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA		
20. <b>TELEPHONE CONTACT</b> Please direct all telephone calls or telefaxes to Thomas M. DiMauro at: Telephone: (508) 880-8401 Fax: (508) 828-3789		
21. <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>		
NAME	Thomas M. DiMauro Reg. No. 35,490	
SIGNATURE		
DATE	10-8-03	

 03917 U.S. PTO  
 10/681473


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<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	Herewith
	First Named Inventor	Missoum Moumene
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	DEP 5169


### FEE CALCULATION

#### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	20 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 750.00

### METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/DEP5169/TMD in the amount of \$750.00.  
Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/DEP5169/TMD. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Thomas M. DiMauro	Reg. No. 35,490
Signature		Date: 10-8-03
		<b>Deposit Account No. 10-0750</b>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Moumene et al.

For : Intervertebral Disc Having Articulation and Shock  
Absorption

Express Mail Certificate

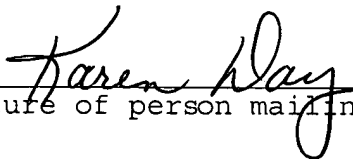
"Express Mail" mailing number: 333149881 <sup>54334</sup> US

Date of Deposit: 10/8/03

I hereby certify that this complete application, including specification pages, claims, drawings, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Karen Day

(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Notice of Allowance:  
Batch No. :  
Serial No. :

Applicants: Moumene et al.

Filed : Herewith

For : Intervertebral Disc Having Articulation and Shock Absorption

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10-8-03

(Date of Deposit)

DePuy Spine, Inc.

Name of applicant, assignee, or Registered Representative

Karen Day

(Signature)

10-8-03

(Date of Signature)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUBMISSION OF FORMAL DRAWINGS

Attention: Official Draftsman

Sir:

Applicants herewith submit one set of photocopies of five (5)  
sheets of formal drawings in connection with the above -identified patent  
application.

Please charge any fees which may be required for this submission to  
Johnson & Johnson Deposit Account No. 10 -0750/DEP5169/TMD. Three copies of  
this sheet are enclosed.

Respectfully submitted,

Thomas M. DiMauro

Thomas M. DiMauro  
Attorney for Applicants  
Reg. No. 35,490

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New Brunswick, NJ 08933-7003  
(508) 880-8401